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Revised March 24th 1826

An Inaugural Dissertation
On Dysentery

By Samuel W. Greene
of Maryland

Sept. 20th 1898

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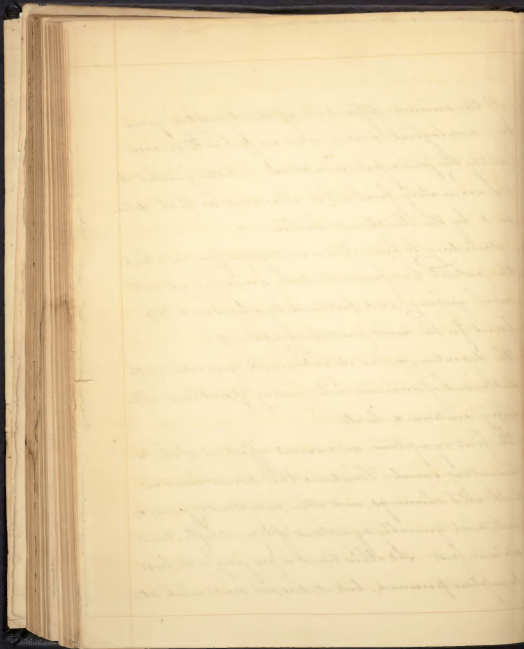
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Of the various definitions of the dysentery given by nosological writers, none comprehend so completely the principal symptoms, or distinguish it so accurately from other affections, as that delivered by the illustrious Cullen.

According to him, it is a contagious fever in which the patient has frequent stools, accompanied with much griping, and followed by a tenesmus. The feces for the most part being retained.

The dysentery makes its appearance generally in the latter end of summer, or beginning of autumn, after long continued heats.

The first symptoms, and previous affections of the alimentary canal. Sometimes this disease comes on with cold shiverings, and other symptoms of pyrexia, but most generally symptoms of topical affections appear first. At other times, a purging is the first symptoms perceived, but it does not excite much at-



tion; and the disease steals on insensibly.

Nausea and vomiting, attended with a bitter taste in the mouth, flatulency, griping, and frequent, but ineffectual strainings succeed: at the same time, the patient is affected with lassitude, or weakness on the slightest exertion, and also with pain in the back, and loins: sometimes the attack is more violent and sudden, the gripings accompanying the purging from the beginning of the complaint, and are followed by great heat, thirst, delirium, and pain in the head.

In proportion as the disease advances, the stools become more frequent, the patient suffers more with violent vomiting and griping: the tenderness is more painful, and the relief obtained by straining hourly decreases. If the symptoms be not alleviated, the irritations to stool become greater every hour, sweating is produced by the violence of the straining, and the patient sometimes faints from excessive pain. The matters now discharged resemble the washings of fresh meat.

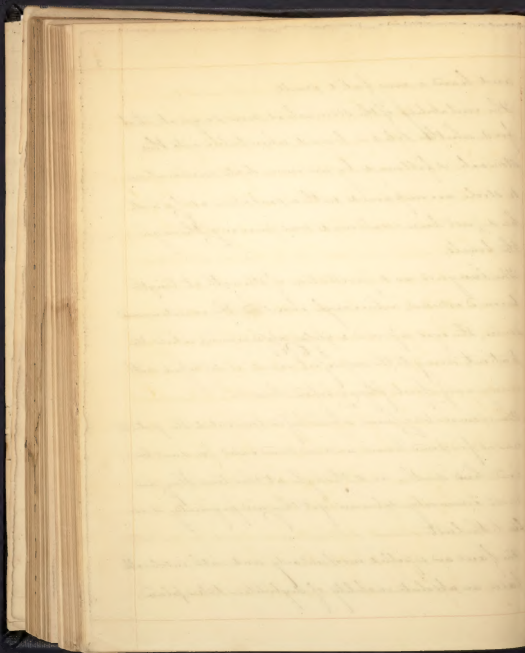
and have a very fatid smell.

The irritability of the stomach is now so great, that food, whether solid or liquid, when taken into the stomach, is followed by an immediate inclination to stool, accompanied with a sensation as if what had just been swallowed was running through the bowels.

The languor and prostration of strength at length become extreme, a shiver comes on, the countenance sinks, the eyes assume a glossy appearance, while the patient, owing to the imperfect vision, is deluged with imaginary objects flying before them.

The excruciating pains, which before tormented the patient, cease for some hours, and in some cases for days before his death; and though at this time they are most commonly delicious yet they are frequently sensible to the last.

The faeces are expelled involuntarily and with intolerable pain, an absolute inability of deglutition takes place,



the pulse is exceedingly weak, the teeth and tongue are covered with a black crust, which collects immediately again after being removed; death follows, and relieves the miserable patient from his sufferings.

Expositions of the bodies of those who have died, of the dysentery, show that there is no part of the alimentary canal which has not at one time or other been affected: but the whole of these morbid appearances are entirely to be considered as the effect of this disease.

There are but few diseases with which dysentery can be confounded. From *diarrhœa* it may be readily distinguished by the absence of pain and tenesmus.

The remote causes of dysentery are very similar to those of the *uninterrupted* and *intermittent* fevers. The dysentery appears to be ^{intimately} connected with these fevers, that it has been disputed, whether it is not the same disease differently modified, and whether it is ever an original affection.

My own experience does not enable me to determine.

whether it is one original affection or not and therefore I will only give some of the most important arguments advanced on both sides of the question. Those in favour of both diseases being the same, argue thus.

1. Both diseases appeared in the same place and at the same season of the year in persons exposed to the same causes. &c.
2. Those countries most subject to one disease are also most liable to the other.
3. Sir John Pringle has observed, that those who were seized with the dysentery, usually escaped the fever, and if any person had both it was alternately so that when the flux began, the fever ceased, and when the former was stopped, the latter returned; hence it appeared, that though the two distempers seem of a different form yet they proceeded from a like cause.
4. It is also alleged as a proof, that the causes of



these diseases are precisely the same; and that they will exhibit either a dysentery or intermittent fever just as the situation of the system, or other circumstances at the same time of their application, favour the production of the one or the other; that each of them prevails at the same time in different parts of the same neighbourhood; this happened in Cecil County Maryland, during the last summer, whilst the intermittent fever prevailed in the low grounds, the dysentery raged on the high.

These are the principal arguments advanced in favour of the supposition, that the dysentery and the intermittent fever are different modifications of the same disease.

The arguments on the opposite side of the question, tend strongly to prove the distinct and separate nature of the two diseases.

The dysentery and intermittent fever are not always prevalent in the same place, and during the



the same season; although this is sometimes the case, as observed in one of the arguments advanced on the other side of the question.

During the last summer, a dysentery prevailed with great mortality in the upper part of this county, where the intermittent fever is usually known to occur.

Dysentery often occurs with little or no fever. These facts go to prove, that dysentery, although frequently a symptomatic affection, is not less frequently an original disease, produced by some specific cause.

The remote causes may be divided into predisposing and exciting. The predisposing are either external, or internal. The external are heat, moisture, and want of cleanliness. The internal may be debility, from excessive evacuations or depressing affection of the mind, as fear, anger &c, or a great tendency in the fluids to putrefaction, or that condition of body which occurs in camps & fleets, where the sol-



-dies, and sailors are exposed, to the heat of the sun.
Heat and moisture act principally about the ends
of summer, when cold and moist nights succeed,
warm days.

In this state of the weather the whole system is much
debilitated, the solids are relaxed, a tendency to putre-
faction, is perhaps produced, and perspiration is
often checked. In this account, therefore I believe
heat and moisture may be considered as remote
causes of dysentery.

Want of clean linen is a powerful cause of this, as
well as of other diseases, it is always unwholesome,
more especially in the summer, when heat and moisture
are combined, it has long been known to produce
dysentery.

The exciting causes, are contagious miasmata and
cold.

Contagion is well known to be a powerful agent in
the production of dysentery.



Acquired in history of the disease, which raged, at
Nemaguen in the autumn of 1756, informed us that
the contagion was communicated by one person
an officer of the band.

Contagion is conveyed by every thing about the
sick, and more particularly by the excrements, which
as in all other contagious diseases, being the prin-
cipal medium to the disease, are infectious. as in
Ophthalmia the discharges and effluvia of the
diseased eyes, will infect people who breathe them.

It is in this case, when the mass of blood is contain-
ed, and mixed and united with it, then not only
the excrements of the sick communicate the disease, but
their breath also, and the exhalations from their
bodies.

Miasmata arising from marshes and a frequent
and common cause of dysentery as well as of inter-
mittent fever.

Now a question arises viz



What is the nature of these miasmata and con-
 tainments a hint do they affect the human system?
 Do they produce their effect by operating on the
 nervous system, weakening the influence of the "Vitalium
 Commune", and consequently the whole body? Or are
 they taken in with the aid of respiration and mix-
 ing with the saliva and conveyed into the stomach
 and intestines, where by operating on the extremely
 sensible nerves of these organs which are intimately
 connected with the whole body they produce the diseases
 in question?

The latter opinion appears to me the most rational
 and best substantiated by facts.

Almost every disease arising from miasmata is
 a contagious, begins with some affection of the al-
 imentary canal as nausea and vomiting.

What makes it now, not able that they are
 mixed with the saliva and carried into the stomach,
 is the great attendance of the use of these means which



the contagion is prevented from entering the system
 and, whilst deemed favourable by the hostile school, in un-
 lected places a certain means of securing the same;
 for which reason neither the nurses nor any one else
 should, at all whilst in the infected room.

The success attending the early administration of emetics
 and cathartics, in contagious diseases, is a satisfactory
 proof of the doctrine here endeavored to be established,
 that the contagion is taken in, with the saliva, and acts
 on the stomach and bowels, and that in consequence of
 the very great connection which these, vessels have with
 the rest of the system, the whole body is afterwards brought
 into a diseased action.

Cold is undoubtedly a frequent cause of this disease,
 and when added, to the body under certain circum-
 stances constantly produces it.

Cullen tells us, that dysentery often manifestly arises
 from the abolition of the cold, but that the disease is
 always contagious, and in the propagation of which



contagion independent of cold or other exciting causes, it becomes endemic in camps and other places. It is therefore to be doubted, if the application of cold does not produce the disease, unless when the specified contagion has been previously mixed into the body: and upon the whole, it is probable, that a specific contagion is to be considered, as always the remote cause of this disease."

In treating of the remote causes, I shewed, that the stomach and bowels were the first parts affected; the cause of this affection I also attempted to prove was contagious, taken in respiration, which being mixed with the saliva, and carried into those organs, by imitating and weakening them produced the disease in question.

Guller's ideas of the proximate cause of this disease, is very different from that of other writers. He conceived the proximate cause, or at least the chief parts of it, to be the putromatous construction of the colon which



occasions at the same time, the spasmodic efforts which are felt in gripings, and being for a galled, downeruled to the rectum, occasion the frequent stools and tenesmus.

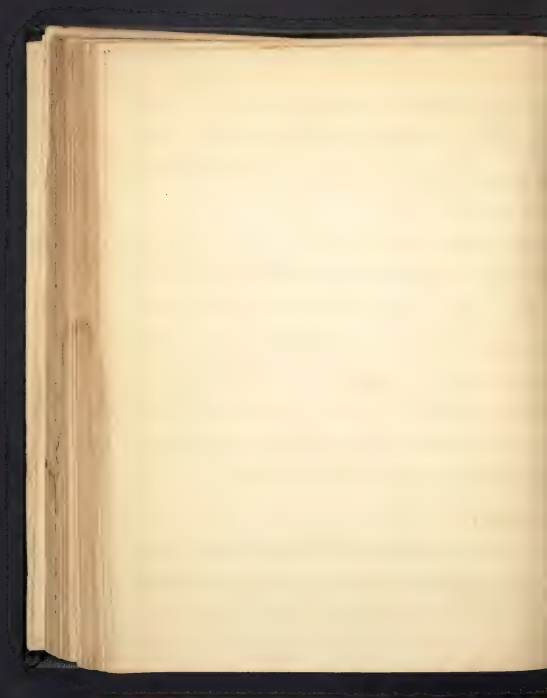
Respecting the prognosis as little need be said, as on the diagnosis.

A great degree of tenesmus, severe gripings, frequent inclination to go to stool and but little voided, much depression of strength, tendr at domain, violent pyrosis, cold, sweat, aphæ, hiccup, and weak, irregular pulse are to be considered, very unfavourable symptoms.

On the contrary, a gentle dysphoria, moderate pyrosis, the evacuations less frequent, and more natural, with a gradual diminution of tormina and tenesmus, may be regarded favourable symptoms.

Cure.

No disease to which mankind are subject, is more difficult of cure than dysentery, when neglected, or to which a greater number fall victims, whose



it is suffered to run so some time before it is attended to.

Two different stages evidently exist in the course of this disease; wherefore to treat it properly, due attention should be paid to that stage present, when called in to see the patient.

In the first stage, more or less of an inflammatory diathesis prevails; to reduce this, venesection is the most certain and effectual method.

Among the many cases of this distemper, which occurred in this county within the last two years, I have seen no one case in which the symptoms were anti the use of the lancet. I have no doubt that it may be necessary to resort to venesection in many parts of the country, when the fever may be violent, and the inflammation of the intestines so great as to threaten a termination in gangrene, if this operation were omitted. It has been a matter of doubt among physicians



whether to consider the inflammation attendant on
descent as the consequent or cause of the disease.
I am divided in favour of the latter opinion and
would not recommend the use of the lancet
in our case out of hand.

In the treatment of dysentery purges are often found
great advantage. I said this is redundant or viti-
ated, but present in the primo via, as is the case fre-
quently in the dysenteries of hot climates and marshy
districts, vomit would seem to be in dispendible.

In John Vanvig and Blegham speaks very fa-
vourable of emetic in the treatment of this disease.
The latter was in the habit of giving ipecacuanha
and vitriolic Antimonial solutions as evacuants.

Ipecacuanha in a long time was thought to be
possessed of a specific power in dysentery, but later
experience has proved that the effects of this medi-
cine are best obtained when given in small doses,
so as to operate by stool; antimonial preparations
have deservedly gained great credit in this disease.



A novel method of administering emetics in dysentery has been recommended, by a *Barbadoes*; which he assures us he found highly successful. This is in the form of a clyster; and that which he has found the most successful, has been about three drachms of *Spicae caryophyllorum* root, bruised and boiled in a quart of water to a pint, which he repeats twice a day or twenty four hours.

When a more emetic is wanted it is not of much consequence which is used, the *Tartar Emetic* is especially so.

The removal of the constriction of the colon, and the evacuation of the contents of the intestines, which are of themselves a source of great and painful irritation, is one of the most important considerations in the cure of dysentery.

In this purpose cathartics are of the utmost importance; and such as produce a speedy and full evacuation, and are the least harsh in their operation should be preferred.



The neutral salts are particularly probed, especially the Glauber or Epsom, in the first stage of this disease; they will frequently lie on the stomach when every thing else will be thrown up.

The patient instead of being weakened by the frequent repetition of purging as might naturally be supposed, appears rather to be invigorated, after each stool, and experiences considerable relief from the griping &c. by the discharge of the noxious contents of bowels, which by being retained, would increase the disease.

What has been much extolled in the treatment of dysentery, and there is no doubt of its utility in the advanced stages of this complaint; but in the commencement, before more decided antiphlogistic means have been resorted to, from its stimulating and astringent qualities, it is unquestionably an improper remedy.

The Lassarine is now commonly employed in this



complaint than castor oil, and when the stomach
can bear it, it is a very important remedy. "Lecithin"
"Roux" says Dr. Wampfield, "is perhaps better calcu-
lated to afford relief in dysentery than any other absorbent
or cathartic. Its action is not only mild and generally
effective, but I have observed, that some of its particles be-
come lodged in its oily form through the intestines, and
appear on the surface of the excrement and hence may
serve as a sort of shield or defense to the diseased in-
testines from the stimulus of feces and morbid secre-
tions."

It is less apt to be rejected by the stomach when given
in union with land almonds.

The learned professor of the practice recommends the
administration of several ounces of castor oil daily.
Galenus also tells us it is a favorable cathartic with
him in the commencement of the disease.

With the view of determining the circulation to the
surface diarrhoeal medicines such as Colic, &c.



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Evaporated may be used. The Antimonial pre-
parations have been much resorted to, but in the opinion
of most Physicians and many other writers are in-
jurious to the system.

Injection of mucilaginous and demulcent liquids,
as both the aid of great use in this disease; for by
sheathing the intestines and softening the place
of their natural mucus they afford great relief,
and the colon being filled with warm liquor, the
relaxation of its constriction is thereby assisted and
the discharge of the indurated faeces promoted.
The warm bath, the flannel roller, and in many
cases blisters, are of singular service in this respect.
In the commencement of the disease it would be
improper to employ either opiates or astringents,
but in the second or advanced stage, when the
strength of the patient is much exhausted by the
frequent returns of the complaint, proceeding from
a relaxed state of the bowels and of this nature



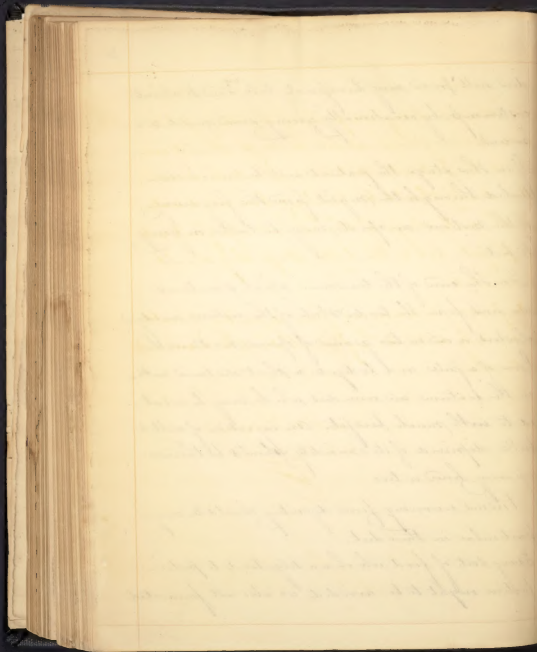
diets will prove very beneficial, take ^{ing} care to obviate costiveness, by occasionally giving some mild aperients.

If in this stage, the patient, not be much disturbed through the night from the frequency of the motions, an opiate may be taken on going to bed.

For the cure of the tenesmus which sometimes remains, from the tender state of the rectum, anodyne clysters, a one or two grains of opium made in the form of a pile, and lodged a short distance within the rectum, and some diet, which may be resorted to with much benefit. An injection of melted butter deprived of its acidity should be thrown up every second or two.

Persons recovering from dysentery should be very particular in their diet.

Every sort of food which readily tends to putrefaction ought to be avoided, as also all fermented,



and spirituous liquors.

The stomach being incapable of digesting solid food, mucilaginous articles, as Soups should constitute the patients diet, throughout the disease. +
The drink should be Barley or Sarsaparilla water.

In the early stage of this disease ripe fruit will be proper; but in the latter stage they should be avoided.

A person in recovering from dysentery should be warmly clothed; a flannel shirt, the head next to the skin.

Sam^l W. Groom

1852. Dec. 11. 1852.

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Yours &c

J. B. [Signature]